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**UNITED STATES PATENT AND TRADEMARK OFFICE**

Examiner:

Ryan M. Flandro

Art Unit: 3679

*In re:*

*Applicant:* Frank KOPF

*Serial No.:* 10/009,224

*Filed:* November 8, 2001

**REQUEST FOR RECONSIDERATION**

January 26, 2004

Commissioner for Patents  
P. O. Box 1450  
Alexandria, VA 22313-1450

Sir:

Responsive to the Office Action of November 28, 2003,  
please amend the application as follows:

**CALCULATIONS PTO USE ONLY**

<input type="checkbox"/> Search Report has been prepared by the EPO or JPO .....	<b>\$930.00</b>
<input type="checkbox"/> International preliminary examination fee paid to USPTO (37 CFR 1.482) .....	<b>\$720.00</b>
<input type="checkbox"/> No international preliminary examination fee paid to USPTO (37 CFR 1.482) but international search fee paid to USPTO (37 CFR 1.445(a)(2)) .....	<b>\$790.00</b>
<input checked="" type="checkbox"/> Neither international preliminary examination fee (37 CFR 1.482) nor international search fee (37 CFR 1.445(a)(2)) paid to USPTO .....	<b>\$1,070.00</b>
<input type="checkbox"/> International preliminary examination fee paid to USPTO (37 CFR 1.482) and all claims satisfied provisions of PCT Article 33(2)-(4) .....	<b>\$980.00</b>

**\$1,040.00**

**\$0.00**

**\$0.00**

Independent claims	1	- 3	0	x \$80.00
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**Multiple Dependent Claims (check if applicable).**

	<b>TOTAL OF ABOVE CALCULATIONS</b>	<b>=</b>	<b>\$1,040.00</b>
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Reduction of 1/2 for filing by small entity, if applicable. Verified Small Entity Statement must also be filed (Note 37 CFR 1.9, 1.27, 1.28) (check if applicable). ☐

<b>SUBTOTAL =</b>		<b>\$1,040.00</b>
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Processing fee of \$130.00 for furnishing the English translation later than ☐ 20 ☐ 30 months from the earliest claimed priority date (37 CFR 1.492 (h)). ☐ +

<b>TOTAL NATIONAL FEE</b>		<b>=</b>	<b>\$1,040.00</b>
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Fee for recording the enclosed assignment (37 CFR 1.21(h)). The assignment must be accompanied by an appropriate cover sheet (37 CFR 3.28, 3.31) (check if applicable). ☒ \$40.00

<b>TOTAL FEES ENCLOSED</b>		<b>=</b>	<b>\$1,080.00</b>
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Amount to be: refunded	\$
charged	\$

☐ A check in the amount of \_\_\_\_\_ to cover the above fees is enclosed.

☒ Please charge my Deposit Account No. **19-4675** in the amount of **\$1,080.00** to cover the above fees.  
A duplicate copy of this sheet is enclosed.

☒ The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment to Deposit Account No. **19-4675** A duplicate copy of this sheet is enclosed.

**NOTE:** Where an appropriate time limit under 37 CFR 1.494 or 1.495 has not been met, a petition to revive (37 CFR 1.137(a) or (b)) must be filed and granted to restore the application to pending status.

**SEND ALL CORRESPONDENCE TO:**

**STRIKER, STRIKER & STENBY**  
**103 EAST NECK ROAD**  
**HUNTINGTON, NEW YORK 11743**

~~SIGNATURE~~

**MICHAEL J. STRIKER**

NAME \_\_\_\_\_

27233

**REGISTRATION NUMBER**

NOVEMBER 8, 2001

DATE \_\_\_\_\_

helpful in advancing this case to allowance, he is invited to telephone the undersigned at (631-549-4700).

Respectfully submitted,



Michael J. Striker  
Attorney for Applicants  
Reg. No. 27233

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